STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

| I. Name of Lobb | oyist(s) <u>Dan Dolan</u> | | | |
|---|---|--|---|---|
| II. Name of lobb | byist's partnership, firm or corpo | ration, if any: | | |
| New Er | ngland Power Generators Asse | ociation | | |
| | (Name of partnership, firm or corpora | ition) | | |
| | | Boston | MA | 02109 |
| Business Address: | (Street) (To | own/City) | (State) | (Zip Code) |
| (617) <u>902-235</u> | | | e-mail ddolan@ | nepga.org |
| (Teleph | one) | (Fax) | | |
| III. This statemereportable expense | ent covers: (Choose one – file sepa nse transactions which are not at | arate reports for e tributable to any e | each client, OR you ma | ay file a separate report for |
| ☐ All reportable | e transactions occurring in the mon- | ths prior to the repo | orting date relative to th | e following client: |
| OR | (Full Name of Client as it appear | ars on the Lobbyist F | egistration Form) | |
| | e transactions by the lobbyist (include particular client. | ding the lobbyist's | family), or the lobbying | g firm listed below which are |
| IV. Date of Repo | ort April 26, 2017 : activity from date of registration to 3/ | /31/17 activ | July 26, 2017 ity from 4/1/17 to 6/30/17 | |
| | October 25, 2017 activity from 7/1/17 to 9/30/17 | activ | January 31, 2018 X ity from 10/1/17 to 12/31 | /17 |
| V. There have If this box is chec Concord, NH 03. | been no fees received and no reked, complete just this form and su | reportable trans to the Secre | actions made since t tary of State's Office, S | he last report. x State House, Room 204, |
| VI. Check if add | litional reports are attached: | | | |
| | eccived fees or made expenditures, | you must file Add | endum A– Fees and E | xpenses |
| ☐ If you have p Expense Reimbu | oaid an honorarium or reimbursed e rsement | xpenses, you must | file Addendum B Re | port of Honorariums or |
| X If you, your | firm, or your family has made politi | ical contributions, | you must file Addendu | m C- Political Contributions |
| I have read RSA and complete to t | at/Affirmation by Lobbyist 15, RSA 15-B, RSA 14-C and RSA the best of my knowledge and belie obyist) | | wear or affirm that the f | Foregoing information is true |
| Dan Dolan (Print Name of le | obbvist) | • | | |

STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

JAN 22 2018

NEW HAMPSHIRE

| I. Name of Lobbyist(s)D | all Dolali | | DEPARTMENT C |
|--|--|--|---|
| II. Name of lobbyist's part | tnership, firm or cor | poration, if anv: | |
| • | • ' | • , , | |
| New England Power C | senerators Associating the propertion of the properties of the pro | ion | |
| III. Name of Client New E | England Power Gene | erators Association | Data |
| III. Name of Chem 1100 E | mgiana i ower dene | Clators 11330 clation | Date |
| Political Contributions | | ng. et | |
| client/lobbyist and lobbying | | | oter 664 paid on behalf of the |
| | 5 mm, marcate the re | | |
| | | To the second se | |
| Full name of candidate: | Marchand | Steve | |
| . on hame of candidate. | (Last Name) | (First Name) | (Middle Name/Initial) |
| Amount of contribution \$ 2 | 200 00 | Office Candidata i | a Sasking Governor |
| / Infoant of Contribution \$ | 00.00 | Office Candidate is Seeking Governor | |
| | | | |
| actual cost of the in-kind cont enter an estimated value and t | | | |
| enter an estimated value and t | he word "estimate." | | |
| enter an estimated value and t | he word "estimate." | | (Middle Name/Initial) |
| enter an estimated value and t | the word "estimate." (Last Name) | (First Name) | (Middle Name/Initial) |
| enter an estimated value and t | the word "estimate." (Last Name) | (First Name) | |
| Full name of candidate: Amount of contribution S If the contribution is an in-kin | (Last Name) Id contribution, provide ribution on the line above | (First Name)Office Candidate is a description of the good | (Middle Name/Initial) |
| Full name of candidate: Amount of contribution S If the contribution is an in-kin actual cost of the in-kind contribution contributio | (Last Name) Id contribution, provide ribution on the line above | (First Name)Office Candidate is a description of the good | (Middle Name/Initial) S Seeking ds or services provided, and enter the |
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| Full name of candidate: Amount of contribution S If the contribution is an in-kin actual cost of the in-kind contribution contribution contribution is an in-kind contribution contribution contribution is an in-kind contribution contribut | (Last Name) Id contribution, provide ribution on the line above | (First Name)Office Candidate is a description of the good | (Middle Name/Initial) S Seeking ds or services provided, and enter the |

| ons on separate addendum C forms.) |
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| wear or affirm that the foregoing information. |
| 1/19/18 |
| (Date) |
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